Reset Form

RESOURCE FAMILY PREPARATION ASSESSMENT COVER PAGE

State Form 52795 (R4 / 1-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is to be completed by the licensing worker and attached to the resource family preparation assessment. Both the licensing worker and supervisor must sign this form. This form is the first page of the home study.

Cover page for:	Resource identification number

Reason
☐ Initial licensure ☐ Relicensure ☐ Significant change

APPLICANT A

Name	Date of birth *(month, day, year)*

Race / cultural heritage
☐ (1) White
☐ (2) Black or African American
☐ (3) American Indiana or Alaskan Native
☐ (4) Asian
☐ (5) Native Hawaiian or Other Pacific Islander
☐ (6) Multiracial
☐ (7) Unable to determine*
* Choose only when client refuses or is unable to identify race(s).

Ethnicity
Hispanic ethnicity
☐ Yes
☐ No
☐ Not yet determined

Address *(number and street, city, state, and ZIP code)*

Home telephone number	Work telephone number	Cellular telephone number	E-mail address
( )	( )	( )	

APPLICANT B

Name	Date of birth *(month, day, year)*

Race / cultural heritage
☐ (1) White
☐ (2) Black or African American
☐ (3) American Indiana or Alaskan Native
☐ (4) Asian
☐ (5) Native Hawaiian or Other Pacific Islander
☐ (6) Multiracial
☐ (7) Unable to determine*
* Choose only when client refuses or is unable to identify race(s).

Ethnicity
Hispanic ethnicity
☐ Yes
☐ No
☐ Not yet determined

Address *(number and street, city, state, and ZIP code)*

Home telephone number	Work telephone number	Cellular telephone number	E-mail address
( )	( )	( )	

Household Members	Race	Relationship	Date of Birth *(month, day, year)*

Dates of contact *(month, day, year)*

PREPARED BY

Signature of licensing worker	Date *(month, day, year)*
Signature of supervisor	**Date (month, day, year)**

RESOURCE FAMILY PREPARATION ASSESSMENT
SIGNATURE PAGE

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DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Section A is to be completed and signed by the applicant(s). Section B is to be completed by the licensing worker and signed by both the licensing worker and the supervisor. This signature Page is the last page of the home study and should be placed in the applicant's licensing file.

SECTION A – RESOURCE PARENT / ADOPTION APPLICANT(S) COMMENTS	
Comments	
Signature of Resource Parent / Adoption Applicant	Date *(month, day, year)*
Signature of Resource Parent / Adoption Applicant	Date *(month, day, year)*

SECTION B – PLACEMENT / LICENSING RECOMMENDATION & ADDITIONAL COMMENTS	
Comments	
Signature of licensing worker	Date *(month, day, year)*
Signature of supervisor	Date *(month, day, year)*